

FY 2020 COMMUNITY DEVELOPMENT BLOCK GRANT**Fiscal Year June 1, 2021 to May 31, 2022****SOCIAL SERVICE FUNDING APPLICATION**

Program Name:	
Organization/Agency:	
Street Address:	
City, State, Zip Code:	
Executive Director:	
Phone No.:	Fax No.:
Contact Name:	Contact Phone No.:
Contact e-mail:	
Federal IRS Tax Exempt #:	DUNS #:
Amount Requested:	
Is this program: <input type="checkbox"/> Existing <input type="checkbox"/> New to CDBG <input type="checkbox"/> Pilot	
Attach current agency registration record from System for Award Management. See https://www.sam.gov	

- 1. Organizational/agency History and Goals:** Please describe briefly your organization/agency, its history, primary social service delivery functions, and primary clientele.

2. Please briefly describe the activities you plan to do under this specific program:

- 3. Program need:** Please describe the community need for this program and how the program fits into the community's long-range planning? Include your organization's capacity to successfully implement this program and why your organization needs financial assistance to implement this program. When applicable, include results achieved as a result of previous CDBG funding. Please utilize the most current Consolidated Plan for the City of Bloomington and cite other relevant data as applicable in your response.

4. Evaluation methodology/outcome measurement:

a. What is your program goal?

b. Briefly describe your evaluation tool used to measure this goal:

c. Outline the data collected for FY 2018 based on the above evaluation tool:

d. What is your benchmark(s), i.e. number served?

e. What was the result of the data collected?

f. Were any changes made to your program based on the evaluation of the data?

5. Client Data:

Community Development funds can only be used to reimburse for services to city households with income levels at or under 80% Area Median Income (AMI), adjusted for household size. These levels are established by HUD on an annual basis.

Part I. Client History

Use the following 2020 PY AMI table for income information for the purpose of this Part I section:

	<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>
Low-Moderate Income (50 – 80 % AMI)	\$25,851 – \$41,350	\$29,951 – \$47,250	\$33,251 – \$53,150	\$36,901 - \$59,050	\$39,901 – \$63,800
Low Income (30 – 50% AMI)	\$15,551 – \$25,850	\$16,751 - \$29,950	\$19,951 - \$33,250	\$22,151 - \$36,900	\$23,951 - \$39,900
Extremely Low Income (30% AMI and below)	\$15,550 or less	\$17,750 or less	\$19,950 or less	\$22,150 or less	\$23,950 or less

1. In FY 2019, how many total unduplicated clients did you serve with this program?	
a. What percent were City residents?	
b. What percent were City residents and income eligible?	
2. In FY 2019, estimate how many unduplicated clients you will serve with this program?	
a. What percent will be City residents?	
b. What percent will be City residents and income eligible?	

Part II. Proposed Level of Activity

Use the following current (2020) AMI table for the purpose of this Part II section:

	<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>
Low-Moderate Income (50 – 80 % AMI)	\$26,251 – \$41,950	\$30,001 – \$47,950	\$33,751 – \$53,950	\$37,451 - \$59,900	\$40,451 – \$64,700
Low Income (30 – 50% AMI)	\$15,751 – \$26,250	\$18,801 - \$30,000	\$20,251 - \$33,750	\$22,451 - \$37,450	\$24,251 - \$40,450
Extremely Low Income (30% AMI and below)	\$15,750 or less	\$18,000 or less	\$20,250 or less	\$22,450 or less	\$24,250 or less

1. How many <i>total</i> clients do you plan to serve with this program in fiscal year FY 2020?	
a. Of the total clients, what percent will be City residents?	
b. Of the total clients, what percent will be City residents and income eligible?	
c. Of the City clients, what percent will be low- moderate income?	

d. Of the City clients, what percent will be low income?	
e. Of the City clients, what percent will be extremely low income?	
f. Of the City clients, what percent will be female head of household (see instructions for definition)?	
2. Please explain how these estimates compare to actual numbers from FY 2018?	
3. What is your average per client cost for this program?	
4. Please explain how you calculated this amount.	

6. Budgetary Information: Please provide the following financial documentation:

- a) Attach a copy of your agency's last two year's Balance Sheets, Income Statements, and Statement of Cash Flows.
- b) Provide the end date for your agency's own fiscal year.
- c) Estimate the total amount of federal funds/grants your agency as a whole expects to receive in your agency's current fiscal year.
- d) Complete the attached budget information forms.
- e) In the last five years has your agency defaulted on a loan or been in non-compliance of a grant or any type of funding source? If yes, please explain.
- f) If this program is new to CDBG, list current funding sources.

7. FOR NEW PROGRAMS ONLY. Previous Effort: Please describe the past and current efforts of your agency to address the problem for which funding is sought. Identify the steps already taken by the community and/or your agency and those remaining to be taken to successfully address this problem. Include information relating to past successful outcomes if it is available.

8. Program Budget*Show Program fiscal budget (not entire agency)

Budget Program Expenditures	FY 2019	FY 2020	Proposed Budget FY 2021	Amount of CDBG funds per line item
Salaries				
Employee Benefits/Taxes				
Consultant Services				
Office supplies				
Postage				
Printing and Publications				
Travel				
Conferences & Conventions				
Membership Dues				
Utilities				
Rent				
Equipment Rental/ Maintenance				
Equipment Purchase				Not Eligible
Specific Assistance to Individuals				
Other (explain)				
Total Budget Expenditures				

Other:

Program Name _____

9. List all sources of income to be used to fund this program

Program Income Source	Actual FY 2019	Current Year FY 2020	Proposed Budget FY 2021
CDBG			
United Way			
County			
Fundraising			
Other Federal or State funds			
Other (list below)			
Total Budgeted Income			

Other:

10. List other grants and sources of funds that the agency has or will apply. Include the dollar amount and the status of the request. FY 2019 and FY 2020.

Source of Funds	Funding Period	Amount of Request	Status

11. List any completed fundraising activities for this program from FY 2020

Source of funding	How funds were solicited	Time Period of Fundraising	Amount Raised
			Total:

12. List any current or future fundraising activities for this program for FY 2020 and FY 2021

Source of funding	How funds will be solicited	Expected Time Period of Fundraising	Expected Amount to be Raised
			Total:

Program Name _____

13. List all staff who will work on the program, indicating whether the staff member is full time (FT) or part time (PT).

Position/Title	FT/PT	# of Hours per Week chargeable to this Program	Salary amount chargeable to this program	Portion of salary to be paid by CDBG